



MMS Bulletin #104

Gesundheitspersonal: die Krise überwinden

Advocacy by Medicus Mundi International

Who cares about Human Resources Development?

Von Edgar Widmer

Adequate human resources required for appropriate basic health services have been central to Medicus Mundi International's efforts over the past forty years. Since its beginning, advocacy for medical workforce, human resources recruitment, resource mobilisation, support for training of local medical students, scaling up of nursing training schools and schools for medical assistants have been key targets of our international network. Looking at past successes and pitfalls has helped us set the frame for future action.

Poverty, inequality, violence and injustice are at the root of ill-health and death in many low income countries. Structural adjustments have led to reduced public spending on health care, resulting in shortages and loss of morale of staff, lack of resources, inadequate training and poor maintenance of infrastructures. The dominant market mechanisms are not geared to promote global, equal access to essential drugs and health-promoting commodities; worse, they increase unequal and fierce competition for scarce resources. Such forces are causing change at the organisational level. Boundaries are blurring between public and private and between for-profit and not-for-profit. There is less and less difference between a private clinic and an NGO health care facility. More and more, all institutions have to operate according to the same (resource-driven and competitive) business principles.

These developments and changes have serious implications for not-for-profit basic health care facilities in developing countries. Through its member organisations, Medicus Mundi International (MMI) is in direct contact with more than thousand of such basic health care facilities in Africa, Asia and Latin America. For the simple reason that in sub-Saharan countries faith-based health institutions represent up to 40% of the overall health system, Medicus Mundi International, although not church-bound, worked in close contact with these institutions and their national and regional coordinating structures throughout many years. This long-lasting cooperation created an atmosphere of confidence, trust and respect, so that the World

Council of Churches (WCC) as well as the Pontifical Council for Health now see Medicus Mundi International as a valuable partner – specifically when it comes to Human Resources Development.

Milestones 2001-2007: Conferences and Reports

At the XVI International Conference of the Pontifical Council for Health, MMI strongly advocated Human Resources Development saying: "Christian institutions are bound to social obligations towards all those working in a hospital or other health centres. Besides economic aspects, the health workers expect career-planning, professional ethics and the satisfaction gained by doing a good job. This helps to avoid brain drain, corruption and loss of morale." (1) Naturally enough, this applies beyond Catholic Church boundaries.

Still in 2001, the Belgian government and the Antwerp Institute of Tropical Medicine organised a conference with a call for "Health Care for All" (2). Health was comforted as a basic human right and as the prerequisite for the fight against poverty. Referring to this conference, MMI published an appeal in favour of Human Resources Development, insisting that besides financial resources the human factor is the number one pillar in the health system and requires more attention. (3)

In 2003 MMI published a report on Human Resources for Health. (4) The same year, at the World Health Assembly, MMI strongly promoted the WHA Resolution 56.25 on the role of contractual arrangements (5). This resolution adopted by the Assembly encourages public and private sectors including non-governmental organisations to coordinate and respect their relative role in the national health systems by means of contractual arrangements. „Contracting“ means indirectly harmonizing working conditions for health workers, guaranteeing fair allocation of funds and equal criteria for employment and social security for the entire health workforce.

In May 2004, MMI was involved in a consultation of Anglophone African Bishops responsible for Catholic health institutions (6): the Kampala Conference. This event concluded with a statement by the Anglophone African Bishops on „The Healing Ministry of the church in the English speaking African countries“ that confirmed the importance of stewardship and stressed the necessity to install professional coordinating bodies. One of the main tasks of these bodies would be data collection and fact finding about human resources, considering that without reliable information the interests of the health workforce could not be successfully defended when negotiating with national health authorities.

The Cotonou Conference for the French speaking African Bishops in 2005 (7) issued a common declaration on „Pastoral Health Care at the Dawn of the 3rd Millennium: Challenges and Opportunities“ reaffirming and repeating the importance of the role and responsibility of the Church as owner of health care institutions and provider of health care services. This declaration fosters professional management of institutions run by the Church, sets up plans

for the development of skills and proposes the adoption of management tools and a framework for partnerships such as the contractual approach between the private not-for-profit sector and public authorities.

In 2006, MMI facilitated a workshop on “The Pastoral Healthcare Mission” for the Bishops Conference of the Central African Republic (8), which specifically confirmed the Bishops’ commitment to make Human Resources Development a priority for the Church institutions in their country. Main attention was given to training policies, regularization of personnel hiring, harmonization of working conditions, upgrading of the technical level of personnel, consideration of collective wage agreements and negotiations with the government concerning employment of health workers based on public-private agreements.

At the end of 2006, MMI published a report on AIDS and the Health Workforce in Africa. (9) The text emphasizes on three major aspects: (i) the rapid scaling up of antiretroviral treatment and the effects of the AIDS on the health workforce (ii) the brain drain and (iii) the global factors causing the health workforce crisis. The authors used collected general data (private and public ones) about the chronic deficiencies regarding training opportunities for the human resources in the health sector, distribution and skill mix, as well as retention in the medical and caring professions in Eastern Africa. They demonstrated that under the current conditions all developing countries are facing problems to scale up antiretroviral treatment schemes, and most importantly, also to ensure the adequate provision of health services in general.

In January 2007, the Christian Health Associations from ten Anglophone African countries held a conference in Bagamoyo, Dar es Salaam (10). The human resources crisis was at the centre of this event. Key note speakers analysed the reasons for the lack and maldistribution of staff and for the phenomenon of brain-drain; HIV/AIDS being one of them. Concrete proposals for incentives for retention of staff, for recruitment strategies and for maintaining the morale and cordial relationship among the stakeholders, were shared as well as experiences on how to react on the political level.

Until recently, data on Human Resources for Health were insufficient at all levels, and so it was considered a great step ahead that the Christian Health Associations’ representatives of the DR Congo, Ghana, Kenya, Lesotho, Malawi, Nigeria, Sudan, Tanzania, Uganda and Zambia not only presented papers concerning the crisis of the health workforce, but came up with important and alarming results of their data collections.

The data presented at the Bagamoyo Conference will hopefully help to mobilise decision makers of both sides, the public and private ones, as well as the donors, to find solutions for the dramatic developments in the field of human resources for health.

The way ahead...

All stakeholders now agree that human resources are the most important capital of a society and that they are fundamental for the health system. There have been examples that shortage of Human Resources for Health can bear the risk of political unrest. The ultimate responsibility for human resources lies in the hands of politicians. They are responsible for mobilizing financial resources, harmonising conditions and designing criteria, for setting priorities and for building coalitions and partnerships, by which the human resources crisis can be resolved.

Medicus Mundi International, together with other international actors, will endeavour to support the not-for-profit sector's engagement in health and, as we have now acquired a lot of experience with faith-based organisations, will continue to collaborate with Christian Health Associations as a special focal point.

The follow-up of the work started with the African bishops responsible for health will be an integrated part of MMI's action plan for the coming years. In order to play a leading role in stimulating change in faith based health facilities, MMI has committed itself to create a virtual network as a means to maintain cohesion and dialogue between clerical hierarchy and professionals serving in such premises, be it nationally, regionally or internationally.

Advocating, networking, developing new policies, conducting operational research as well as health systems research, creating platforms for sharing of experiences, building up capacity in management and mobilising resources: for all these important roles, human resources in the health sector will have to be promoted strongly.

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